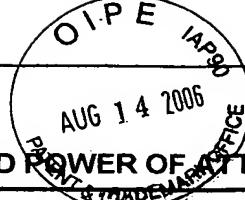


**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**



**PATENT**  
**Docket No. 12879/3**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Aqueous Ifosfamide Compositions for Parenteral Administration and A Process for their Preparations**

the specification of which is attached hereto unless the following is entered:

was filed on	as United States Application Number or PCT International Application Number	and was amended on (if applicable)
December 2, 2003	10/724,638	

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

**PRIOR FOREIGN APPLICATION(S)**

I hereby claim foreign priority benefits under 35 USC §119(a-d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application(s) for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Application Number	Country	Filing Date (day/month/year)	Priority Claimed
785/Mum/02	India	December 2, 2002	yes
PCT/IN2003/000376	India/PCT	December 2, 2003	yes

**PROVISIONAL APPLICATION(S)**

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below:

Application Number	Filing Date

**PRIOR UNITED STATES APPLICATION(S)**

I hereby claim the benefit under 35 USC §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application Number	Filing Date	Status (patented, pending, abandoned)

**POWER OF ATTORNEY**

I hereby appoint the registered practitioners of KENYON & KENYON included in the Customer Number provided below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

CUSTOMER NUMBER 23838

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (Cont.)

<b>Direct telephone calls to:</b> Teresa A. Lavenue, Esq. (202) 220-4200		<b>Send correspondence to:</b> KENYON & KENYON LLP 1500 K STREET, N.W., SUITE 700 Washington, D.C. 20005-1257	
<p>I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.</p>			
<b>Full name of first or sole inventor</b>	Last Name <b>Daftary</b>	First Name <b>Dr. Gautam</b>	Middle Name <b>Vinod</b>
Residence <b>C/o Bharat Serums &amp; Vaccines Ltd.</b>	City <b>Thane</b>	State or Country <b>Maharashtra</b>	Country of Citizenship <b>Indian</b>
Post Office Address	Street <b>Road No. 27, Wagle Estate</b>	City <b>Thane</b>	State or Country & Zip Code <b>Maharashtra, India 400 604</b>
Signature	Date <b>X 26/07/06</b>		
<b>Full name of second inventor</b>	Last Name <b>Pai</b>	First Name <b>Srikanth</b>	Middle Name <b>Annappa</b>
Residence <b>C/o Bharat Serums &amp; Vaccines Ltd.</b>	City <b>Thane</b>	State or Country <b>Maharashtra</b>	Country of Citizenship <b>Indian</b>
Post Office Address	Street <b>Road No. 27, Wagle Estate</b>	City <b>Thane</b>	State or Country & Zip Code <b>Maharashtra, India 400 604</b>
Signature	Date <b>B. Srikanth Pai 26/07/06</b>		
<b>Full name of third inventor</b>	Last Name <b>Rivankar</b>	First Name <b>Sangeeta</b>	Middle Name <b>Hanumesh</b>
Residence <b>C/o Bharat Serums &amp; Vaccines Ltd.</b>	City <b>Thane</b>	State or Country <b>Maharashtra</b>	Country of Citizenship <b>Indian</b>
Post Office Address	Street <b>Road No. 27, Wagle Estate</b>	City <b>Thane</b>	State or Country & Zip Code <b>Maharashtra, India 400 604</b>
Signature	Date <b>G. Sangeeta 26/07/2006</b>		
<b>Full name of fourth inventor</b>	Last Name <b>Subbappa</b>	First Name <b>Praveen</b>	Middle Name <b>Kumar</b>
Residence <b>C/o Bharat Serums &amp; Vaccines Ltd.</b>	City <b>Thane</b>	State or Country <b>Maharashtra</b>	Country of Citizenship <b>Indian</b>
Post Office Address	Street <b>Road No. 27, Wagle Estate</b>	City <b>Thane</b>	State or Country & Zip Code <b>Maharashtra, India 400 604</b>
Signature	Date <b>X 26-07-2006</b>		